

REQUEST FOR FINANCIAL HARDSHIP CONSIDERATION

Date: _____ Community Name: _____

- Completed by Resident / Applicant
- Completed by Other: _____
- Relationship to Resident /Applicant _____

Requestor Name(s): _____

Address: _____ Unit # _____

I am requesting a Hardship Consideration because:

I am providing the following documentation to support my hardship:

- Unemployment Statements (date of enrollment must be included)
- Childcare Expenditures Over/Above the Normal Costs
- Health care expenses related to being ill with COVID-19
- Employer Notice of Reduction in Pay due to COVID-19
- Employer Notice of Change in Hours due to COVID-19
- Employer Notice of Employment Termination due to COVID-19
- Other: _____

I represent and warrant that all statements and supporting documentation accurately and completely represents my financial and/or employment condition.

 (Resident/Applicant's Signature) (Date) (Print Name)

 (Resident/Applicant's Signature) (Date) (Print Name)

This application and supporting documentation should be submitted by email if possible. If not possible, please email, call or text the management office to set an appointment to provide the documents in person or by other arranged means.

